

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000090828

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** GIOVANNI RISTORANTE ITALIANO OF NAPLES, INC.

**Current Principal Place of Business:**

5975 PINE RIDGE ROAD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5975 PINE RIDGE ROAD  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 65-1042643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONIGLIARO, MARIA  
6041 22ND AVE N.W.  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: CONIGLIARO, MARIA D  
Address: 14629 BEAUFORT CIR  
City-St-Zip: NAPLES, FL 34119

Title: VP  
Name: CONIGLAIRO, PASQUALE  
Address: 14629 BEAUFORT CIR  
City-St-Zip: NAPLES, FL 34119

Title: S  
Name: CONIGLAIRO, GIOVANNI  
Address: 14629 BEAUFORT CIR  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA D CONIGLIARO

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04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date